Learning Conversation Notes	
Name of Partner:	Date:
Tahoe Truckee Dental Health Program	4/5/05
Number of Children Served:	Ages:
Prevention (Placticas):	
Families: 190	Prevention:
Children: 238	Pregnant: 25
	∠1: 50
Intervention (Dental Screening):	Age 1: 38
Families: 164	Age 2: 29
Children: 164	Age 3: 39
	Age 4: 56
	Age 5: 26
	7.go 0. 20
	Intervention:
	Pregnant: n/a
	∠1: 0
	Age 1: 0
	Age 2: 4
	Age 3: 9
	Age 4: 78
	Age 5: 73
	Age 3. 73
When Served:	Gender:
July 2004-March 31, 2005	Prevention:
	Girls: 107
	Boys: 131
	Intervention:
	Girls: 74
	Boys: 90
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	Ethnicity: (0-5 children)
	Prevention:
	White: 5
	Hispanic: 233
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	Intervention:
	White: 44
	Hispanic: 120
Convergation Participants, Alican Sahwad	

Conversation Participants: Alison Schwedner (KBFRC), Mike Romero (First 5), Don Ferretti (First 5), Tamara Lieberman (First 5), Susan Fernandez ((PCOE), Nancy Bagget (First 5), Kathleen McHugh (KB SRC), Cris Hennessey (KBFRC), Gail Tondettar (PCHHS), Ruth Hall (SNCS), Gladys Wilson-Marshall (Dental Health Coordinator), Martha Gerna (TFRC), Margarita De Nevarez (TFRC), Bertha Ramirez (PKB), Sylvia Ambriz(KBFRC), Kim Bradley (Facilitator), Seana Doherty (Recorder)

#### **Outcomes:**

- All children 0-5 who participate in the program will have good oral health
- All parents of children 0-5 served through the program will understand and demonstrate good oral health practices
- More dental capacity will exist locally to serve any oral health needs of children 0-

# **Performance Measures:**

- Demographics
- Records and Pre and Post Surveys from the "Sonrisitas" Program
- Tracking and Follow Up on dental visits
- Stories with pictures
- Increase in Dental Providers serving 0-5

## What is this data telling us about achievement of outcomes?

#### Demographic Comments:

- -High number of young children in prevention (good)
- -Re: prevention: Compared to last time, a lot more awareness of early childhood oral health needs
- -Re: Dental Screening: need to include younger kids
- -Ethnicity: more representation of anglo population for dental screenings because school involved
- -Re: Prevention piece: Not just giving information, changing behavior
- -2 hour Plactica (class) serves as a "hook" get families in long-term oral health education

### Pre and Post Surveys from Sonrisitas Programs (for 4-8 weeks classes) Comments:

- -Survey Demographics: 16 families, 30 kids (0-5) participated in either 4 week or 8-week sessions. 42 people started the class, 33 finished. People had to drop due to work schedules.
- -Results: 16 questions on each survey. Comments below reflect sample of results. *Highlights:*
- -Twice as many people able to identify the Clinic as a resource for affordable dental care after taking the 4 or 8 week class
- -97% of participants are brushing two or more times per day
- -Knowledge about sealants went from 10% to 88%
- -Many answered "no" to having a family dentist possibly due to different cultural understanding of the word "family dentist".

#### Summary:

- -Adults and children are learning and changing their behavior as a result of 4-8 week classes
- -Promotora Model works—what other community issues can we address with this model
- -Power of delivering a simple message—apparent with this program.

# Additional 3 month Evaluation (includes 4 and 8 week classes and 2 hourclasses/Placticas) Comments:

## Results:

- -Total of 39 reached for evaluations in 3 classes (phone interviews)
- -Re: changing your toothbrush every 3 months: 92% stated yes
- -Re: using dental floss: 85% stated yes. 15% stated No. Question raised: Why are 15% still not flossing? Maybe cost, attitude, dislike.
- -39 out of 39 using toothpaste
- -100% of children are brushing their teeth 2-3 times per day
- -2/3 stated that they are taking their children to the dentist since being involved with the program

#### Summary:

- -3 month surveys show us that programs are changing behavior in this time frame
- -As a result of the rapport and trust established by the Promotoras, phone surveys are successful
- -Process is working, strong model, behavior change happening
- -2 hour Placticas are very effective because they are in the home, involve the whole family, tailor training to needs of family (i.e. age appropriate education)
- -Promotora and Coordinator feel supported

#### Treatment Demographics of Screened 0-5 Children:

- -Most 4-5 years old screened, 1<sup>st</sup> time visit to dentist
- -Out of 79 children, 55 went to the Clinic (majority), 22 to private dentist
- -Kids are getting treatment
- -2/3 are boys being served, mostly 3-5 year olds, mostly Hispanic
- -Increase in children 0-3 using the Clinic (previously unserved)
- -Personality of Clinic dentist has positive impact on success of program
- -Many more children being served at the Clinic but still need to build capacity of clinic to serve more complicated cases.
- -One private dentist in Lincoln is giving a discount rate, reason number under private dentist use stays strong

## What is this data telling us about achievement of outcomes? (Con't)

# In what ways will we apply what we have learned from our data?

- -Do a better job reminding people of the Kings Beach Dental Clinic as a resource through-out classes
- -Change questions and streamline surveys and evaluations (Pre & Post) to better reflect local community needs and the program—-i.e. family doctor question
- -Re: data lay-out: too much repetition, simplify for next time
- -Break data down to length of education
- -Apply the trainings around the Culture of Poverty with this program—specifically for the people who are getting the education and are still not changing behaviors
- -Involve neighbors with home visit Placticas to increase outreach of the program
- -Follow-up surveys could become follow-up education—another opportunity to educate people.

# Treatment Tracking and Follow-up: Continuum of Care:

#### Process:

1) Children screened at school 2) Follow-up letter to parents of screened kids from Dental Health Coordinator re: results/education/resources) 3) Letter included schedule of Plactica Programs 4) Follow-up phone calls

#### Other points that were made during the conversation:

## **Next Steps:**

- -Change questions and streamline surveys and evaluations (Pre & Post) to better reflect local community needs and the program—-i.e. family doctor question.
- -Put Dental Resource Directory on First 5 website (Gail T. to email to Don F.)
- -Program Capacity need: tracking program
- -Next Learning Conversation: October, 2005